

CLAIMS ONLY						Application Number <u>09/073,05</u>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2	X						52					
3							53					
4							54					
5							55					
6							56					
7	1						57					
8		X					58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27	X						77					
28		X					78					
29			X				79					
30	1						80					
31		1					81					
32			X				82					
33				X			83					
34					X		84					
35						X	85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	37	X	X	X	X	X	Total Depend	X	X	X	X	X
Total Claims	42						Total Claims					

Best Available Copy